

Sadly, tragically, these same partnerships don't always exist if the patient has mental health issues. By authorizing grants to support programs that help those treated at the emergency department expeditiously transition to follow-up care, this bill would remove those barriers to care for those who experience an acute mental health crisis. And we think it will reduce the stigma, and, ultimately, it will save lives.

I ask my colleagues to join us in supporting this legislation.

Madam Speaker, I don't believe we have any other speakers on this legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support of the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2519, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### EFFECTIVE SUICIDE SCREENING AND ASSESSMENT IN THE EMERGENCY DEPARTMENT ACT OF 2019

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4861) to amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in the emergency department who are at risk of suicide, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4861

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

##### SECTION 1. SHORT TITLE.

This Act may be cited as the “Effective Suicide Screening and Assessment in the Emergency Department Act of 2020”.

##### SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

##### “SEC. 399V-7. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

“(a) IN GENERAL.—The Secretary shall establish a program (in this section referred to as the ‘Program’) to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, including—

“(1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and

“(2) enhancing the coordination of care for such individuals after discharge.

##### “(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

“(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 40 eligible health care sites described in paragraph (2).

“(2) ELIGIBILITY.—To be eligible for a grant under this section, a health care site shall—

“(A) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may specify;

“(B) be a hospital (as defined in section 1861(e) of the Social Security Act);

“(C) have an emergency department; and

“(D) deploy onsite health care or social service professionals to help connect and integrate patients who are at risk of suicide with treatment and mental health support services.

“(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible health care sites described in paragraph (2) that meet at least one of the following criteria:

“(A) The eligible health care site is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act).

“(B) The eligible health care site is a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of the Social Security Act).

“(C) The eligible health care site is operated by the Indian Health Service, by an Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).

“(D) The eligible health care site is located in a geographic area with a suicide rate that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

“(c) PERIOD OF GRANT.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.

##### “(d) GRANT USES.—

“(1) REQUIRED USES.—A grant awarded under this section to an eligible health care site shall be used for the following purposes:

“(A) To train emergency department health care professionals to identify, assess, and treat patients who are at risk of suicide.

“(B) To establish and implement policies and procedures for emergency departments to improve the identification, assessment and treatment of individuals who are at risk of suicide.

“(C) To establish and implement policies and procedures with respect to care coordination, integrated care models, or referral to evidence-based treatment to be used upon the discharge from the emergency department of patients who are at risk of suicide.

“(2) ADDITIONAL PERMISSIBLE USES.—In addition to the required uses listed in paragraph (1), a grant awarded under this section to an eligible health care site may be used for any of the following purposes:

“(A) To hire emergency department psychiatrists, psychologists, nurse practitioners, counselors, therapists, or other licensed health care and behavioral health professionals specializing in the treatment of individuals at risk of suicide.

“(B) To develop and implement best practices for the follow-up care and long-term treatment of individuals who are at risk of suicide.

“(C) To increase the availability of and access to evidence-based treatment for individuals who are at risk of suicide, including through telehealth services and strategies to reduce the boarding of these patients in emergency departments.

“(D) To offer consultation with and referral to other supportive services that provide evidence-based treatment and recovery for individuals who are at risk of suicide.

##### “(e) REPORTING REQUIREMENTS.—

“(1) REPORTS BY GRANTEES.—Each eligible health care site receiving a grant under this section shall submit to the Secretary an annual report for each year for which the grant is received on the progress of the program funded through the grant. Each such report shall include information on—

“(A) the number of individuals screened in the site's emergency department for being at risk of suicide;

“(B) the number of individuals identified in the site's emergency department as being—

“(i) survivors of an attempted suicide; or  
“(ii) are at risk of suicide;

“(C) the number of individuals who are identified in the site's emergency department as being at risk of suicide by a health care or behavioral health professional hired pursuant to subsection (d)(2)(A);

“(D) the number of individuals referred by the site's emergency department to other treatment facilities, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

“(E) the effectiveness of programs and activities funded through the grant in preventing suicides and suicide attempts; and

“(F) any other relevant additional data regarding the programs and activities funded through the grant.

“(2) REPORT BY SECRETARY.—Not later than one year after the end of fiscal year 2025, the Secretary shall submit to Congress a report that includes—

“(A) findings on the Program;

“(B) overall patient outcomes achieved through the Program;

“(C) an evaluation of the effectiveness of having a trained health care or behavioral health professional onsite to identify, assess, and treat patients who are at risk of suicide; and

“(D) a compilation of policies, procedures, and best practices established, developed, or implemented by grantees under this section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$20,000,000 for the period of fiscal years 2021 through 2025.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

##### GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4861.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 4861, the Effective Suicide Screening and Assessment in the Emergency Department Act.

Madam Speaker, suicide is the 10th leading cause of death, now claiming more than 47,000 American lives each

year. Despite national efforts to lower the suicide rate, a number of reports show a steady increase in suicides in recent years. In fact, over the last two decades, the suicide rate in the U.S. increased 35 percent. These are clearly alarming trends.

Like other health crises, the emergency room is often a place where people at risk for suicide go for help. Data shows us that the risk of a suicide attempt or a death is highest within 30 days of discharge from an emergency department or inpatient psychiatric unit.

Further, over a third of individuals without a diagnosis who died by suicide made an emergency room visit within a year of their death. That is why we have to act to equip our emergency rooms with better training and tools to screen and assess patients at risk for suicide.

This bill would create a grant program to help emergency departments develop policies and procedures for identifying and assessing people who are at risk of suicide and enhancing the coordination of care for them after discharge. These improvements would be made possible by better training, sharing of best practices, and hiring of behavioral health professionals in the emergency room who specialize in suicidal ideation.

This bill has support from the American Foundation for Suicide Prevention, the American Association of Suicidology, and the American College of Emergency Physicians, groups that know these issues up close.

I thank my colleagues, Representative ELIOT ENGEL, who is here, and also Representative GUS BILIRAKIS. They led this important legislation to the floor.

I also thank Ranking Member WALDEN and all members and staff of our committee for their efforts to move the bill.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 4861. This is the Effective Suicide Screening and Assessment in the Emergency Department Act that was introduced by Representative BILIRAKIS, whom we will hear from in a minute, and our friend Congressman ENGEL.

Before I talk about the legislation, I would say what a joy and privilege it has been to serve on the Energy and Commerce Committee with Mr. ENGEL. He is an incredible individual, cares deeply about his constituents, and works hard on their behalf.

Moreover, Congressman ENGEL has been one of those people who is always kind and thoughtful to all of us on both sides of the aisle and works to put the interests of Americans first, both on the Energy and Commerce Committee and in his incredibly important and

powerful role as chairman of the Foreign Affairs Committee.

Congressman ENGEL has served America and New York well, and while we haven't always agreed on every issue, we have never been disagreeable, and I wish him and his wife Godspeed in whatever is next in his career.

This legislation would authorize a grant program to improve the identification, screening, assessment, and treatment of patients in emergency departments who are at risk for suicide.

Consideration of this bill could not come at a more pressing and important time. As we have said before on these matters, the COVID-19 pandemic and the resulting economic downturn have impacted the mental health and well-being of all Americans. In fact, a recently released report by the Well Being Trust and the American Academy of Family Physicians predicts that, because of the pandemic, an additional 150,000 Americans could die of "deaths from despair," meaning deaths from suicide or drug or alcohol misuse.

Emergency departments are key locations to intervene and assist those who may be contemplating taking their own lives. As past research identified, one in every eight emergency department visits in the U.S. was related to a mental health or substance use disorder.

By creating grants for emergency departments to develop policies for screening those at risk of suicide and enhancing their post-discharge care coordination, this bill would improve our frontline healthcare providers' ability to intervene when someone is in crisis, ultimately reducing deaths from despair, especially during this difficult time.

I would urge my colleagues to join the chairman of the committee and myself and our colleagues who put so much time and effort and work into crafting this legislation to support it, pass it, and let's get it into law.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as he may consume to the gentleman from New York (Mr. ENGEL).

I do want to say I appreciate, again, Mr. WALDEN's comments about the excellent career of Mr. ENGEL, but I am also not ready to say good-bye to either Mr. ENGEL or Mr. WALDEN at this time because we are going to be here for a while the next few months.

Mr. ENGEL. Madam Speaker, I rise in support of H.R. 4861, the Effective Suicide Screening and Assessment in the Emergency Department Act.

Before I tell why, I want to thank my good friend Mr. PALLONE from New Jersey. We came to Congress together a long while ago, and we have worked very closely together.

And I want to thank Mr. WALDEN. He said I am thoughtful. He is one of the most thoughtful Members in Congress. He reaches across the aisle, and we have made a lot of great progress, and

the country is so much better having people with that kind of temperament to reach across the aisle. I thank the gentleman for all the kind words. They really mean a lot.

I authored this legislation with my colleague, GUS BILIRAKIS, to help reduce rates of suicide in the United States.

Suicide is the 10th leading cause of death in the U.S. It claimed more than 47,000 lives in 2017, alone.

□ 1600

According to the National Institute of Mental Health, the suicide rate in the U.S. increased by an alarming 31 percent from 2001 to 2017.

In this time of COVID, where the pandemic has taken an untold physical and emotional toll on Americans' health, officials are reporting surges in mental and behavioral health problems.

Studies show that as many as 11 percent of all patients visiting a hospital emergency department are at risk for suicide, but only a fraction of these at-risk patients are ever identified.

Our bill aims to improve the identification, assessment, and treatment of patients in emergency departments who are at high risk of suicide.

It provides \$100 million over a 5-year period to support emergency department programs to prevent suicides specifically by:

Training emergency department clinicians to identify patients with an elevated risk of suicide;

Developing programs to coordinate care and follow-up of those with an elevated risk of suicide;

Supporting the recruitment and retainment of behavioral health professionals who specialize in treating individuals with suicidal tendencies; and

Incentivizing the development of new approaches, such as telehealth, to help those at high risk of suicide.

Our legislation has been endorsed by over 40 mental health advocacy groups, including: the Emergency Nurses Association, the American Nurses Association, the American Psychological Association, the American Psychiatric Association, The Kennedy Forum, the National Alliance on Mental Illness, and Mental Health America.

Madam Speaker, I urge my colleagues to support the legislation.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS), a real leader in the area of healthcare and especially mental health services improvement.

Mr. BILIRAKIS. Mr. Speaker, I appreciate the gentleman yielding.

I rise today in support of H.R. 4861, the Effective Suicide Screening and Assessment in the Emergency Department Act.

Our Nation remains in the midst of a suicide crisis, Mr. Speaker. Over the past several decades, the suicide rate has risen sharply, increasing by 31 percent since 2001—this is unacceptable—

making suicide the 10th leading cause of death and claiming an estimated 47,000 lives annually.

A 2016 study found that 11 percent of all emergency department patients exhibited suicidal ideation. However, only 3 percent of those patients were diagnosed by current screening tools. Furthermore, about 70 percent of patients who leave the emergency department after a suicide attempt never attend their first outpatient follow-up appointment.

At the same time, emergency departments, which are often the place within our healthcare system that provides care for people who are at risk for suicide, have inconsistent protocols for screening and treating high-risk patients.

For this reason, I introduced with my friend and colleague, a true statesman, Congressman ENGEL, the Effective Suicide Screening and Assessment in the Emergency Department Act.

The bill creates a voluntary HHS program to assist emergency departments in developing protocols for identifying, assessing, and treating individuals at risk for suicide, with preference given to either critical access hospitals or hospitals located in a geographic area with a suicide risk that is higher than the national rate.

Grants last for 2 years, and grantees must submit a report annually on their efforts to improve the identification, assessment, and discharge policies for individuals who are at risk for suicide.

This proactive approach is very vital, because emergency departments are often, again, the first and, sadly, too often, the only point of contact within the healthcare system for those most at risk for suicide, like individuals living with severe mental health conditions or substance use disorders.

With the added physical, mental, emotional, and economic stress this pandemic has inflicted on American lives, there is growing data and a consensus of concern from public health experts and stakeholders that these stressors could lead to even more lives lost to suicide.

Mr. Speaker, I urge my colleagues to pass the Effective Suicide Screening and Assessment in the Emergency Department Act to further equip our health providers to recognize and assist these patients in crisis.

Mr. WALDEN. Mr. Speaker, I have no other speakers on our side of the aisle, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CUELLAR). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4861, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## SUICIDE TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7293) to amend the Public Health Service Act to provide best practices on student suicide awareness and prevention training and condition State educational agencies, local educational agencies, and tribal educational agencies receiving funds under section 520A of such Act to establish and implement a school-based student suicide awareness and prevention training policy, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 7293

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

*This Act may be cited as the “Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2020” or the “STANDUP Act of 2020”.*

### SEC. 2. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

(a) IN GENERAL.—Title V of the Public Health Service Act is amended by inserting after section 520A of such Act (42 U.S.C. 290bb-32) the following:

#### “SEC. 520B. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICIES.

“(a) IN GENERAL.—As a condition on receipt of funds under section 520A, each State educational agency, local educational agency, and Tribal educational agency that receives such funds, directly or through a State or Indian Tribe, for activities to be performed within secondary schools, including the Project AWARE State Education Agency Grant Program, shall—

“(1) establish and implement a school-based student suicide awareness and prevention training policy;

“(2) consult with stakeholders (including principals, teachers, parents, local Tribal officials, and other school leaders) in the development of the policy under subsection (a)(1); and

“(3) collect and report information in accordance with subsection (c).

“(b) SCHOOL-BASED STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICY.—A school-based student suicide awareness and prevention training policy implemented pursuant to subsection (a)—

“(1) shall be evidence-based;

“(2) shall be culturally and linguistically appropriate;

“(3) shall provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health service providers as defined in section 4102(6) of the Elementary and Secondary Education Act of 1965, if applicable, regarding—

“(A) suicide education and awareness, including warning signs of self-harm or suicidal ideation;

“(B) methods that students can use to seek help for themselves and others; and

“(C) student resources for suicide awareness and prevention;

“(4) shall provide for retraining of such students every school year;

“(5) may last for such period as the State educational agency, local educational agency, or Tribal educational agency involved determines to be appropriate;

“(6) may be implemented through any delivery method, including in-person trainings, digital trainings, or train-the-trainer models; and

“(7) may include discussion of comorbidities or risk factors for suicidal ideation or self-harm, including substance misuse, sexual or physical abuse, mental illness, or other evidence-based comorbidities and risk factors.

“(c) COLLECTION OF INFORMATION AND REPORTING.—Each State educational agency, local educational agency, and Tribal educational agency that receives funds under section 520A shall, with respect to each school served by the agency, collect and report to the Secretary the following information:

“(1) The number of student trainings conducted.

“(2) The number of students trained, disaggregated by age and grade level.

“(3) The number of help-seeking reports made by students after implementation of such policy.

“(d) EVIDENCE-BASED PROGRAM LISTING.—The Secretary of Health and Human Services shall coordinate with the Secretary of Education to make publicly available the policies established by State educational agencies, local educational agencies, and Tribal educational agencies pursuant to this section and the training that is available to students and teams pursuant to such policies, including identification of whether such training is available to trainees at no cost.

“(e) IMPLEMENTATION TIMELINE.—A State educational agency, local educational agency, or Tribal educational agency shall establish and begin implementation of the policies required by subsection (a)(1) not later than the beginning of the third fiscal year following the date of enactment of this section for which the agency receives funds under section 520A.

“(f) DEFINITIONS.—In this section and section 520B-1:

“(1) The term ‘evidence-based’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(2) The term ‘local educational agency’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(3) The term ‘State educational agency’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(4) The term ‘Tribal educational agency’ has the meaning given to the term ‘tribal educational agency’ in section 6132 of the Elementary and Secondary Education Act of 1965.

#### “SEC. 520B-1. BEST PRACTICES FOR STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

“The Secretary of Health and Human Services, in consultation with the Secretary of Education and the Bureau of Indian Education, shall—

“(1) publish best practices for school-based student suicide awareness and prevention training, pursuant to section 520B, that are based on—

“(A) evidence-based practices; and

“(B) input from relevant Federal agencies, national organizations, Indian Tribes and Tribal organizations, and related stakeholders;

“(2) publish guidance, based on the best practices under paragraph (1), to provide State educational agencies, local educational agencies, and Tribal educational agencies with information on student suicide awareness and prevention best practices;

“(3) disseminate such best practices to State educational agencies, local educational agencies, and Tribal educational agencies; and

“(4) provide technical assistance to State educational agencies, local educational agencies, and Tribal educational agencies.”.

#### “SEC. 3. EFFECTIVE DATE.

The amendments made by this Act shall only apply with respect to applications for assistance